

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009466

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 547Registrar's No. 499

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Richmond Heights

Length of stay in 1b

Years

c. CITY

OR
TOWN

Richmond Heights

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

7450 Hiawatha

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

7450 Hiawatha

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
HENRYMiddle
H.Last
TYRRELL4. DATE
OF
DEATHMonth
Feb. 9,Day
9,Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐

8. DATE OF BIRTH

12-14-1880

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months 25

Days

IF UNDER 24 HR

Hours 25

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Steamfitter

10b. KIND OF BUSINESS OR INDUSTRY

Eichler Heating

11. BIRTHPLACE (City and state or country)

So. Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Tyrrell

13b. MOTHER'S MAIDEN NAME

Caroline Coombs

14. NAME OF HUSBAND OR WIFE

Nellie Tyrrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

17. INFORMANT

Address

Nellie Tyrrell 7450 Hiawatha

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic passive congestion of heart

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic subcutaneous fibrosclerosis

DUE TO (c)

Chronic valvular heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1958, to Feb. 9, 1962 and last saw him alive on Feb. 8, 1962.
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Karl L. Keffeler M.D.

22b. ADDRESS

1139 Belleme Ave.

22c. DATE SIGNED

2-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

Feb. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

Salem Cemetery

23d. LOCATION (City, town, or county)

Ashland,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

A. H. Bocklage 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG.

2-10-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

2/10/5

2/10/5

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94214

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13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Etton R. Remelius

Licensed Embalmer No. _____

4283

P. O. Address _____

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.